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**STATE OF HAWAII**  
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS  
**DIVISION OF FINANCIAL INSTITUTIONS**  
1010 RICHARDS STREET  
P.O. BOX 2054  
HONOLULU, HAWAII 96805

LYNN Y. WAKATSUKI  
COMMISSIONER

LYNNE H. HIMEDA  
DEPUTY COMMISSIONER

PHONE: (808) 586-2820  
FAX: (808) 586-2818  
E-MAIL: [dfi@dcca.state.hi.us](mailto:dfi@dcca.state.hi.us)

Dear Consumer:

Please complete and return the attached complaint form to the Division of Financial Institutions (DFI) of the Department of Commerce and Consumer Affairs. Your providing us with the most complete information will enable us to process your complaint more efficiently. Remember to:

- Describe fully the incident or transactions with the institution.
- Include copies (not originals) of any documents relevant to your complaint.
- Provide dates and names of people at the institution with whom you have dealt.
- Sign and date your complaint.

To avoid any confusion or frustration regarding what DFI can do, you should understand that our authority is limited to the provisions in Hawaii Revised Statutes, Chapter 412 (Code of Financial Institutions) and Chapter 449 (Escrow Depositories). In some cases, DFI does not regulate the institution that may be named in a complaint. In such cases, we will refer the complaint to the appropriate federal or state regulators, whenever possible. In other cases, DFI may not have the authority to order the remedy or resolution that you are seeking, in which case you may want to consult an attorney.

WHAT DFI WILL DO WITH YOUR COMPLAINT: DFI will submit your complaint to the institution, requesting a response back to you within two to three weeks, along with a copy to DFI. Once we receive the institution's response, we will review it to determine if any violations of Chapter 412 or Chapter 449 have occurred. To the extent allowed by either statute, DFI will assist you in resolving your complaint.

Please understand that filing a complaint does not mean that the matter can or will be resolved through the enforcement authority of the DFI. DFI is not empowered to litigate or to provide for monetary relief on behalf of individual complainants. Therefore, in some instances you may need to hire an attorney to determine what legal rights you may have against an institution.

**DIVISION OF FINANCIAL INSTITUTIONS**

THIS MATERIAL CAN BE MADE AVAILABLE FOR  
INDIVIDUALS WITH SPECIAL NEEDS IN BRAILLE,  
LARGE PRINT OR AUDIO TAPE. PLEASE SUBMIT  
YOUR REQUEST TO THE COMMISSIONER OF  
FINANCIAL INSTITUTIONS AT (808) 586-2820.

File No. \_\_\_\_\_

**Division of Financial Institutions**

**COMPLAINT FORM**

Please type or print clearly in black ink.

Ms. [ ]

Mrs. [ ]

Mr. [ ] \_\_\_\_\_

Your name (Complainant)

(Respondent)

\_\_\_\_\_

Name of financial institution complaint is against

\_\_\_\_\_

Street Address

\_\_\_\_\_

Branch

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Residence Telephone

\_\_\_\_\_

Business Telephone

\_\_\_\_\_

Business Telephone

**COMPLAINT.** *Please type or print clearly in black ink your specific allegations (complaint) against the financial institution. Include copies of all pertinent documents (contracts, letters, receipts, statements); and the names, addresses, and telephone numbers of any persons you have dealt with who are important to your complaint. If you need additional space, continue on a separate sheet of paper and attach to this form. **Important! Read and keep the attached instructional letter.***

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(Continued)

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An acceptable resolution to my complaint is (I understand that what I want as a resolution may not be within the jurisdiction of the Division of Financial Institutions):

### CERTIFICATION OF COMPLAINANT

I hereby certify that all statements in this complaint are true and correct to the best of my knowledge.

\_\_\_\_\_  
Your signature (Complainant)

Date \_\_\_\_\_

***This complaint will not be processed unless this form is complete, legible, signed, and dated.***